

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/750373

FILING DATE

12-28-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53	/					
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58	/					
9		5					59		/				
10		5					60		/				
11		5					61	/					
12		5					62		/				
13		5					63		/				
14		5					64		/				
15		5					65		/				
16		5					66		/				
17		5					67	/					
18		5					68		/				
19		5					69		/				
20		5					70		/				
21		5					71		/				
22		5					72	/					
23		5					73	/					
24		5					74	/					
25	/						75		/				
26		/					76		/				
27		/					77	/					
28		/					78		/				
29		5					79		/				
30		5					80		/				
31		5					81		/				
32		5					82	/					
33		5					83	/					
34		/					84		2				
35		/					85		2				
36		/					86		/				
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	13	↓		↓		↓
TOTAL DEP.							TOTAL DEP.	163					
TOTAL CLAIMS							TOTAL CLAIMS	176					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS